

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016344

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. Registrar's No. 33

STATE FILE NUMBER

FILED MAY 7 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY PLATTE	b. CITY (If outside corporate limits, give TOWNSHIP only) PARKVILLE	a. STATE Missouri	b. COUNTY CLAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.B. 4-Box 473J		c. CITY OR TOWN KANSAS CITY	d. STREET ADDRESS 316 NORTH GRAND
3. NAME OF DECEASED		4. DATE OF DEATH	
First Middle Last JAMES WALTER TATHAM		Month Day Year APRIL 19-1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR. 10-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY PRODUCE CO.	11. BIRTHPLACE (City and state or country) CARROLL COUNTY, MO. U.S.A.
13a. FATHER'S NAME MATTHEW TATHAM		13b. MOTHER'S MAIDEN NAME MARY F. Mc DANIELS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO-		17. INFORMANT CORA MAE TATHAM	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		PART III. If deceased was female there a pregnancy in last 90 days.	
IMMEDIATE CAUSE (a) B. meningitis carcinoma		INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute cardiac failure	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/15/62 to 4/11/62 and last saw him alive on 4/13/62		22a. SIGNATURE (Degree or title) Albert G. Lewis Jr MD Smithville Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 23-1962	
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.		23d. LOCATION (City, town, or county) LIBERTY, MO.	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons- KANSAS CITY		25. DATE RECD. BY LOCAL REG. APRIL 23, 1962	
26. REGISTRAR'S SIGNATURE B. P. Rollins			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/5910 830
26004

3

4 0

5 1

6

7 0

8 2

9 62.1

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address: No. K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.